

Suicide Prevention

Spring Training Institute

May 28, 2003

Scott Perkins

mzperkj@mail.dmh.state.mo.us

Timeline

- 1996 – World Health Organization (WHO) declares suicide a growing worldwide problem
- 1999 – The Surgeon General's *Call to Action to Prevent Suicide* introduced
- 2000 – Missouri state plan drafted
- 2001 – *National Strategy for Suicide Prevention* issued

Recommended Strategies of Current Draft Plan

- **Awareness: Increase Awareness About the Preventability of Suicide.**
- **Intervention: Improve Access & Availability of Prevention & Intervention Services.**
- **Methodology: Assure that Suicide Prevention in Missouri is Evidence-Based & Data-Driven, Consistent with Community Values & Based in Consensus.**

Official State Suicide Prevention Plan

- **Missouri House Bills 59 & 269 requires DMH and other departments to develop an official state prevention plan**
- **Delivered to Governor on May 21, 2003**

House Bills 59 & 269

- **(1) Promote the use of employee assistance and workplace programs to support employees experiencing depression or other psychiatric illnesses;**
- **(2) Promote the use of student assistance and educational programs to support students with depression, other psychiatric illnesses, and substance abuse disorders;**
- **(3) Provide training and technical assistance to local public health and other community-based professionals on the best practices to prevent suicides;**

House Bills 59 & 269 Cont.

- **(4) Coordinate federal, state, and local agencies in order to collect and analyze data on suicides and suicidal behaviors in Missouri and annually issue a public report;**
- **(5) Establish a toll-free suicide prevention hotline; and**
- **(6) Recommend statutory changes and implementation and funding requirements to the General Assembly by December 31, 2004.**

Nearly 30,000 deaths annually

2000	29,350
1999	29,199
1998	30,575
1997	30,535
1996	30,903
1995	31,284
1994	31,142

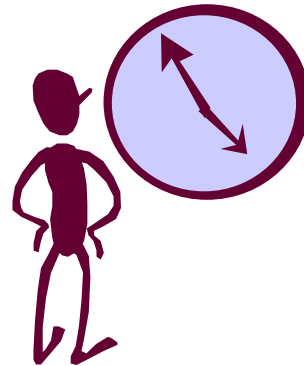
attributed to suicide

Timing of USA suicides

1 suicide every 18 minutes

OR

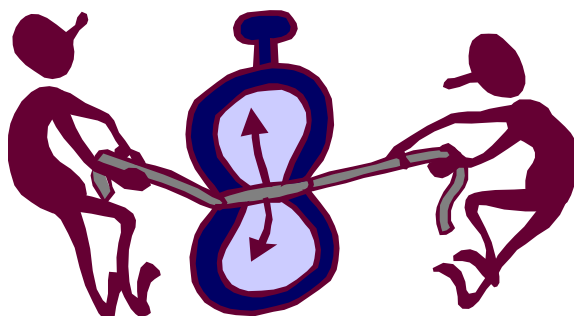
80 suicides every day



4,294 young people

(age 10-24)

completed suicide in 2000



at a rate of

one suicide every two hours and 3 minutes

Youth Risk Behavior Survey, 2001

Missouri High School Students

During the previous 12 month period:

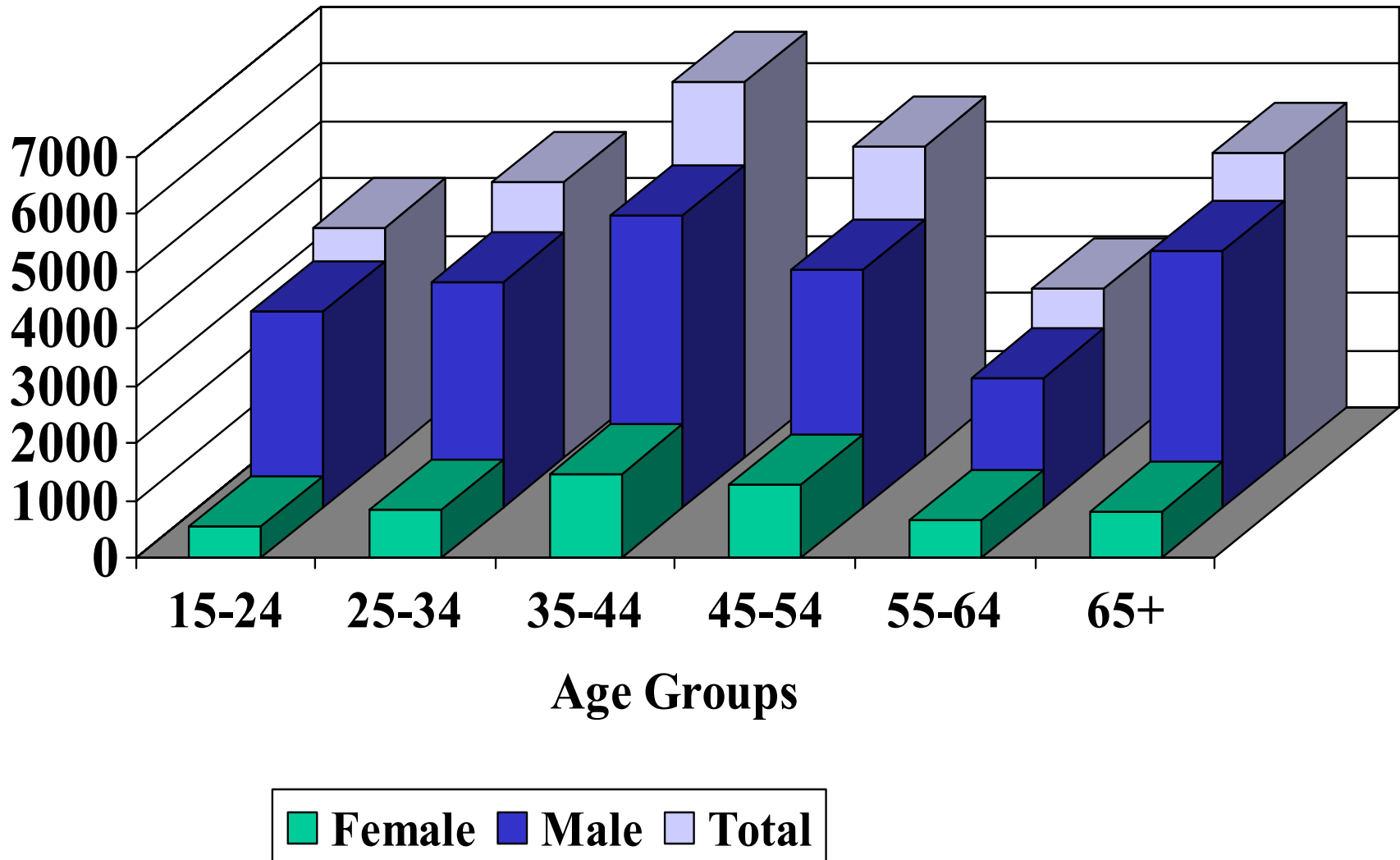
- 19% of students had “seriously considered attempting suicide”
- 14% had made a suicide plan
- 8% had attempted suicide
- 2% had made an attempt that required medical attention

Cost of Completed & Medically Treated Youth Suicides

Missouri, Ages 0 to 26, 1996

Medical	\$24,000,000
Future Earnings	\$71,000,000
Quality of Life	\$296,000,000
Total	\$391,000,000

Suicide by Age/Sex – USA, 2000



National ranking and rate of suicide, 2000

01 Alaska	22.0	18 South Dakota	12.9	35 Georgia	10.7
02 Nevada	21.3	18 Vermont	12.9	35 Louisiana	10.7
03 New Mexico	18.7	20 Missouri	12.7	37 Mississippi	10.5
04 Montana	17.8	21 North Carolina	12.5	38 Texas	10.1
05 Wyoming	17.3	21 Washington	12.5	39 Iowa	10.0
06 Arizona	16.1	23 Kansas	12.2	40 Michigan	9.8
07 Colorado	14.8	23 Maine	12.2	41 Ohio	9.7
07 Oregon	14.8	25 Hawaii	11.6	42 Connecticut	9.2
09 Oklahoma	14.7	25 Nebraska	11.6	43 Maryland	9.1
10 Utah	13.8	27 Indiana	11.4	43 Minnesota	9.1
11 Florida	13.6	28 Pennsylvania	11.3	45 California	8.8
11 West Virginia	13.6	28 South Carolina	11.3	46 Illinois	8.2
13 Arkansas	13.5	30 Wisconsin	11.1	47 Rhode Island	7.5
14 Alabama	13.3	31 Virginia	11.0	48 New Jersey	6.8
15 Tennessee	13.2	32 Delaware	10.8	49 Massachusetts	6.2
16 Idaho	13.1	32 New Hampshire	10.8	49 New York	6.2
16 Kentucky	13.1	32 North Dakota	10.8	51 Washington, DC	4.4

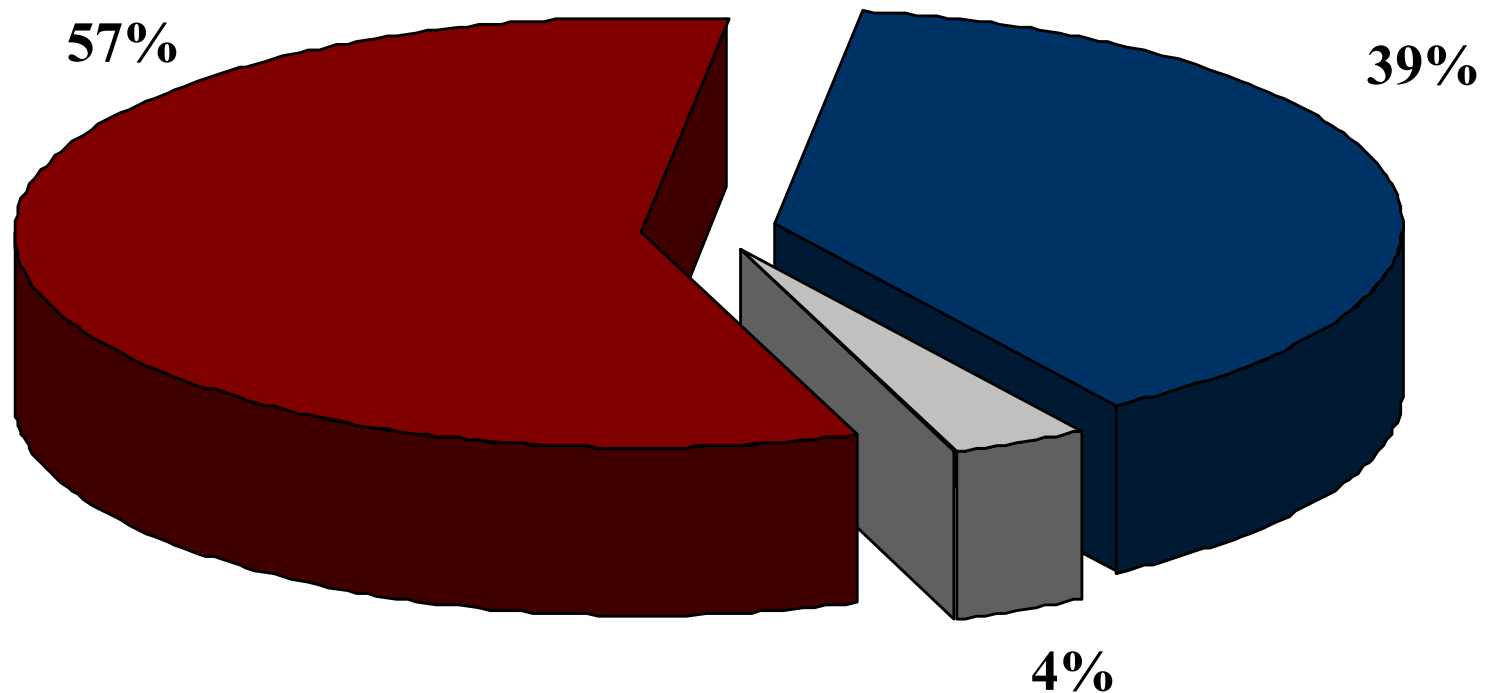
USA Total Rate 10.7 per 100,000

Suicide is a Leading Cause of Death

<u>Rank & Cause</u>	<u>Number of deaths</u>
1. Diseases of the heart	710,760
2. Malignant neoplasms	553,092
3. Cerebrovascular diseases	167,661
4. Chronic lower respiratory diseases	122,009
5. Accidents (unintentional injuries)	97,902
6. Diabetes mellitus	69,301
7. Influenza & pneumonia	65,313
8. Alzheimer's disease	49,558
9. Nephritis, nephrosis	37,251
10. Septicemia	31,224
11. <u>SUICIDE</u>	<u>29,350</u>
12. Chronic liver disease and cirrhosis	26,552
13. Essential hypertension and renal disease	18,073
14. Homicide [Assault]	16,765

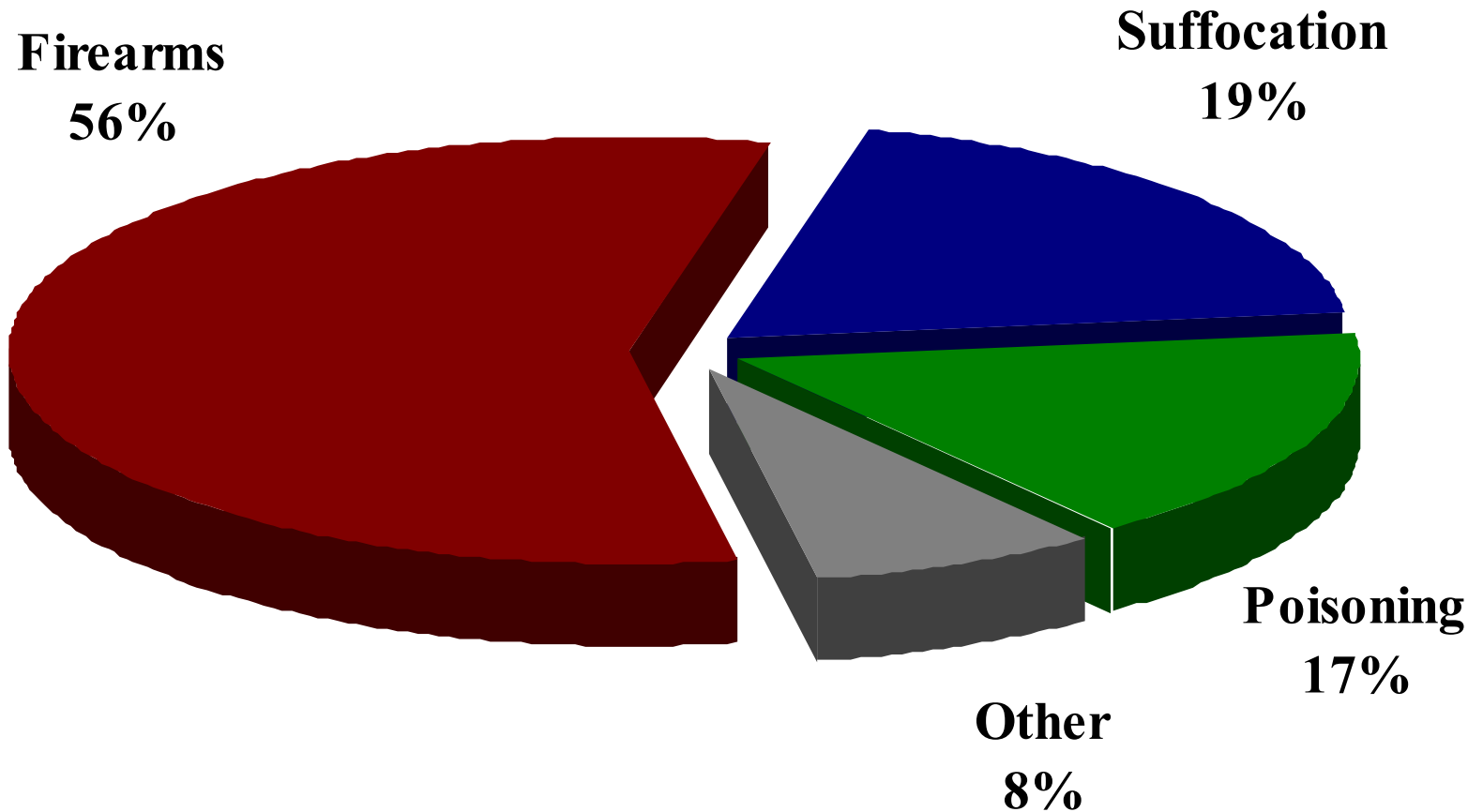
In 2000 suicide ranked 11th in the USA

All Firearm-Related Deaths USA, 2000



■ Suicide ■ Homicide ■ Undetermined/Unintentional

Means of Completed Suicide – USA, 2000

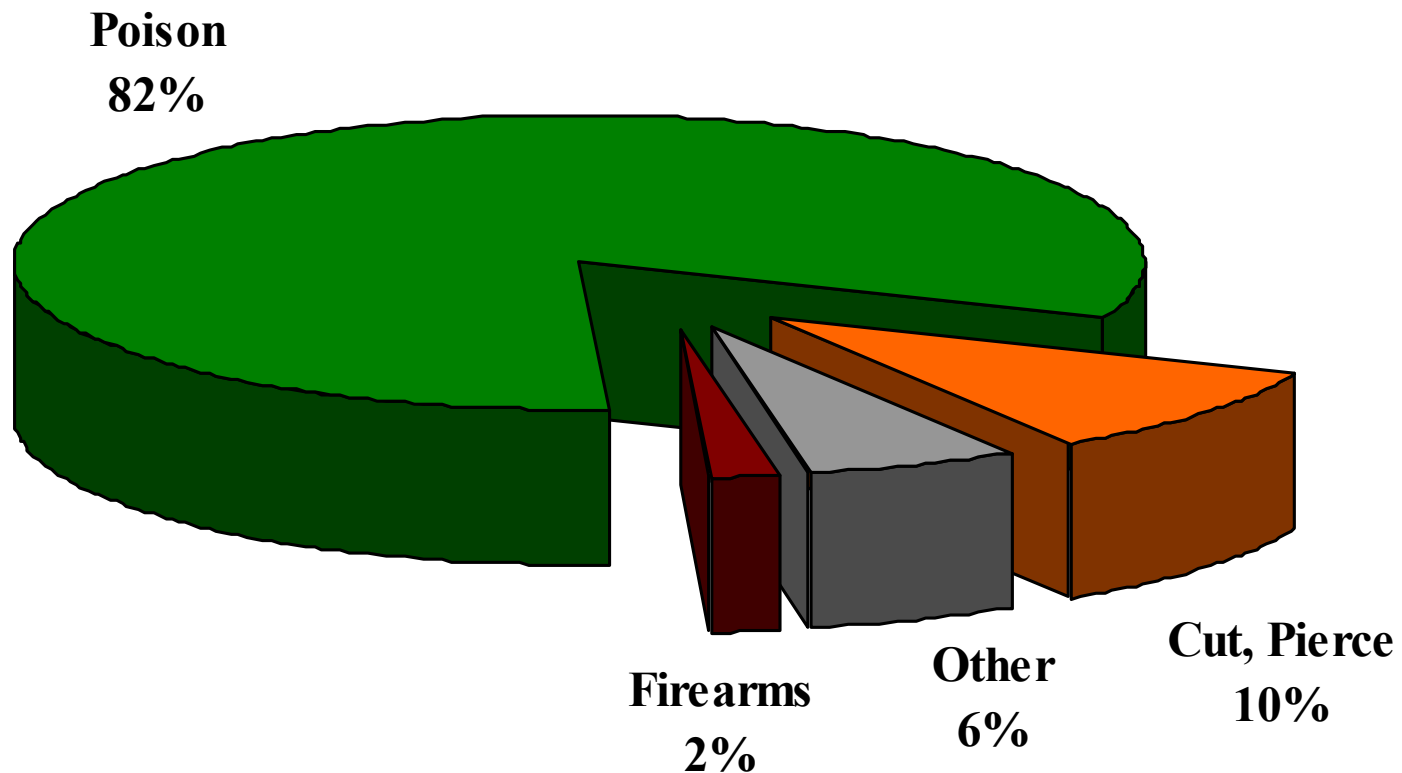


Means of Completed Suicide

By Gender - USA, 2000

<u>Cause</u>	<u>Male</u>	<u>Female</u>
Firearms	14,454	2,132
Suffocation	4,733	955
Poisoning	2,792	2,067
Other	1,639	578
<i>Total</i>	<i>23,618</i>	<i>5,732</i>

Method of Attempted Suicides



Uncompleted Suicide Attempts

- **Most attempts don't complete (60:1 for all attempts; 8:1 for serious attempts)**
- **Incidence: Annual 1.1%; Lifetime 3%**
- **Following a suicide attempt:**
 - **13 - 35% will repeat another attempt over next two years**
 - **0.9 - 2.5% will complete suicide within a year**
 - **10% will complete suicide eventually**
- **Most common method is overdose (70 - 90%)**

Attempts vs. Completed Suicides by sex

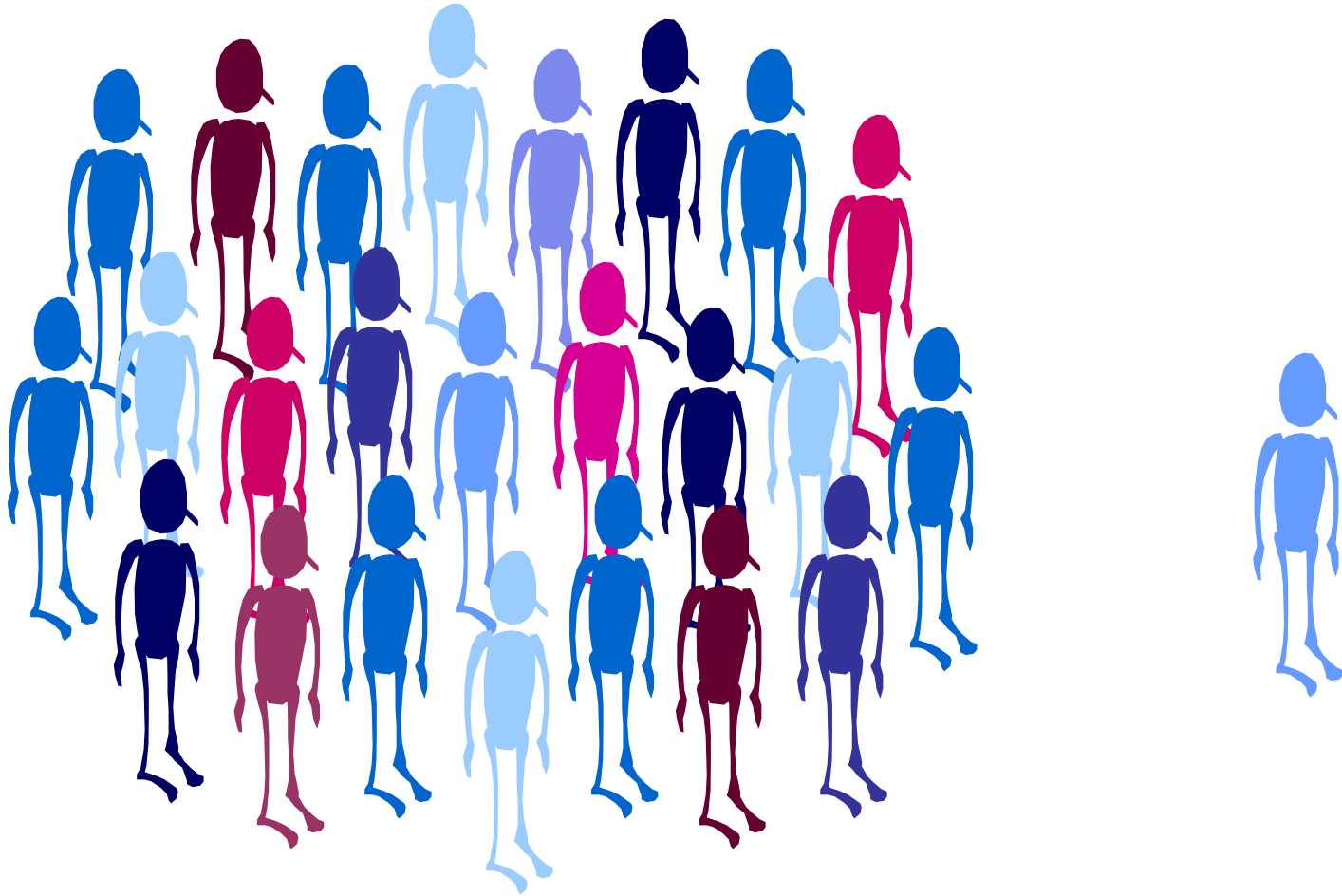
Suicide Attempts (estimated)

- **3 Female Attempts:1 Male Attempt**

Completed Suicides

- **4 Male Deaths:1 Female Death**

Estimates on attempted suicide



25 attempts for each documented death

(Note: this would imply 733,750 attempts in 2000)

Attempts vs. Completed Suicides by age

Estimated:

- **100-200 Youth Attempts:1 Death**
- **4 Elderly Attempts:1 Death**

Number of suicide survivors

It is estimated that there are

6 survivors

for each death by suicide

Note: A “suicide survivor” is someone who has lost
a loved one to death by suicide

*The ratio of 6 survivors per suicide
means there are:*

6 new survivors every 18 minutes

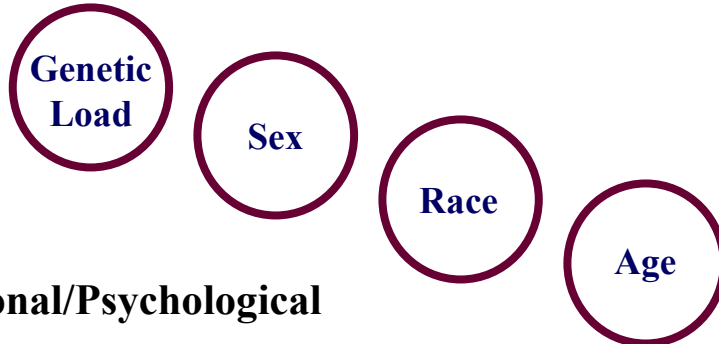
OR

480 new survivors each day

The Many Paths to Suicide

Fundamental Risk Factors

Biological



Proximal Risk Factors “Triggers or Final Straws”



Cause of Death



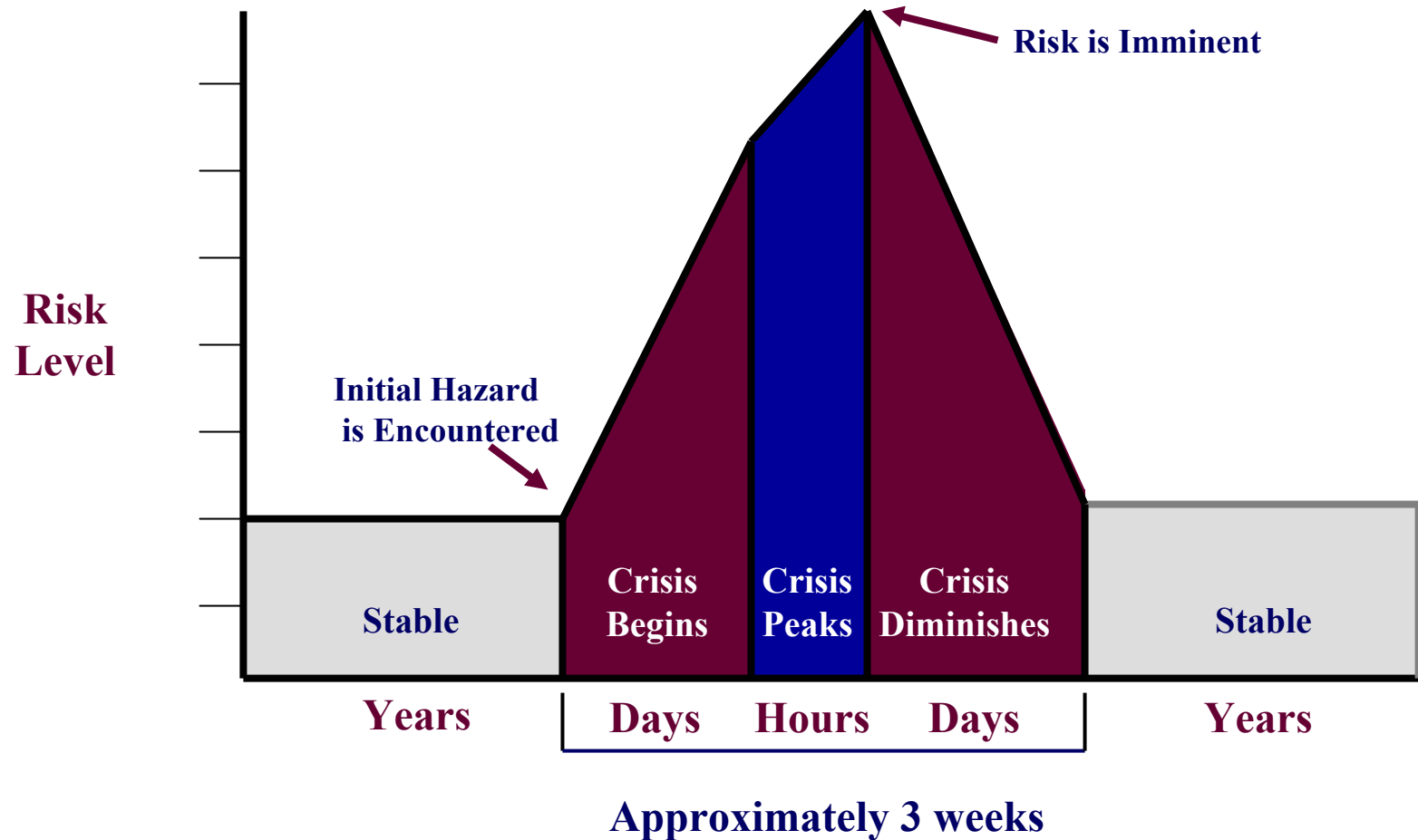
- All “Causes” are real.
- Hopelessness is the common pathway.
- Break the chain anywhere = prevention.

Wall of Resistance to Suicide

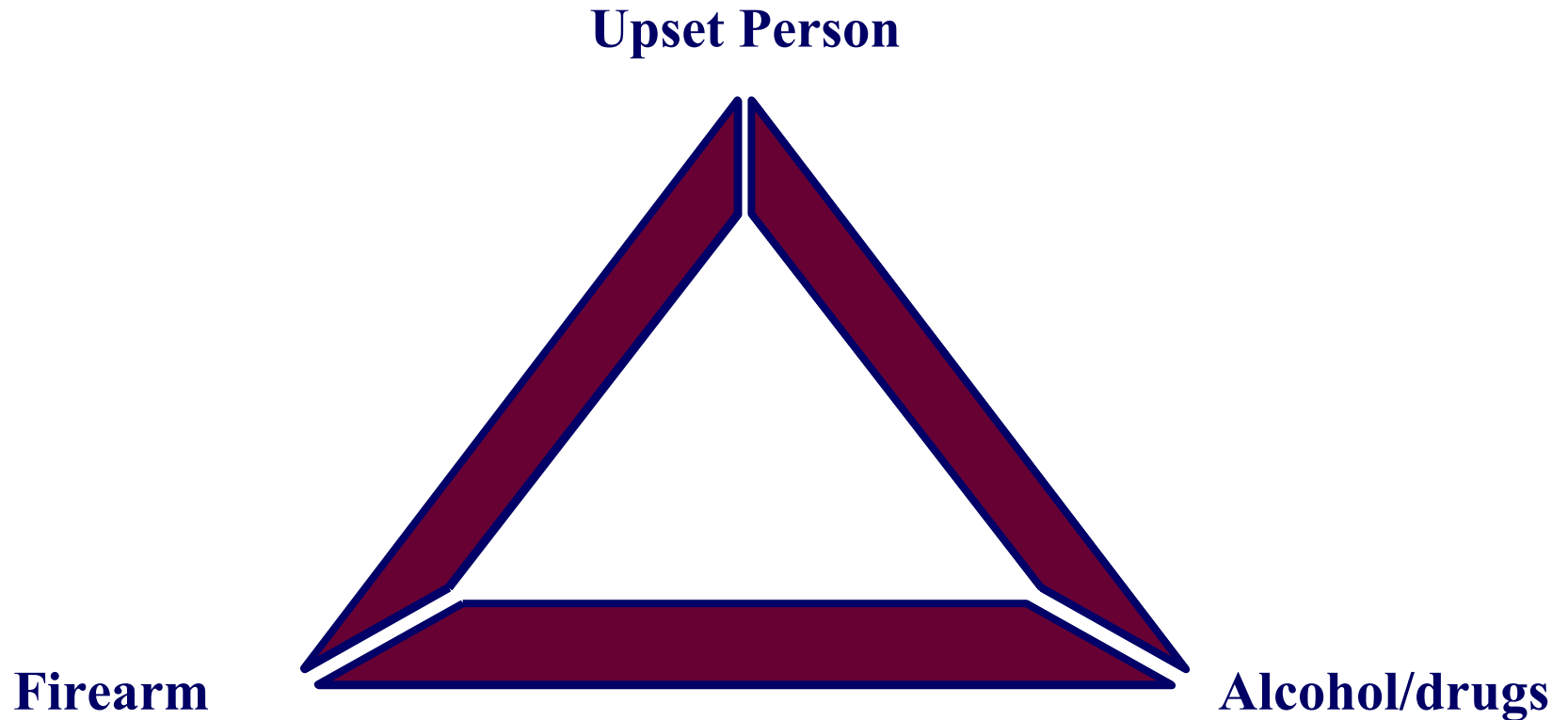
Counselor or therapist		Duty to others		Others?
Good health	Medication Compliance			Fear
Job Security or Job Skills	Responsibility for children	Support of significant other(s)		
Difficult Access to means		A sense of HOPE		Positive Self-esteem
Pet(s)	Religious Prohibition	Calm Environment	AA or NA Sponsor	
Best Friend(s)		Safety Agreement		Treatment Availability
-- Sobriety --				

Protective Factors

Suicidal Crisis Episode



The Lethal Triad



When these three are present—risk of violence is high.

Reduce the Risk by Making Suicide Difficult

Some suicidal persons are impulsive. In acute psychological pain, they do not understand that the pain will pass. To help reduce the risk of self-injury by an impulsive or even considered act, it is always helpful to remove firearms, car keys, medications or other means by which a person may injure or even kill themselves.

Reduce the Risk by Making Suicide Difficult

By simply restricting access to the means of suicide, you may buy the time needed for the pain to pass, for a solution to be found and for hope to be rekindled.

Removing the means to suicide is in itself, an act of hope.

DMH Suicide Prevention Resource Web Page

www.dmh.mo.gov/cps/suicide/resources.htm

QPR

To arrange a FREE suicide prevention training for your workplace, school, church, or other group please call 573-751-2794.

Ask A Question, Save A Life